

PROBATE COURT OF _____ COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____

(Name after adoption)

CASE NO. _____

NOTICE OF HEARING ON PETITION FOR ADOPTION

Notice shall be served not less than 20 days before the date of the hearing

[R.C. 3107.11]

To: The Department of Human Services, and to: _____
(Give Names and Addresses)

You are hereby notified that on the _____ day of _____, _____
_____ filed in this Court a Petition For Adoption of
_____, a minor, whose date of birth is _____, and for
change of the name of the minor to _____ This Court,
located at _____
will hear the petition on the _____ day of _____, at
_____ o'clock _____ M.

It is alleged in the petition, pursuant to R.C. 3107.07, that the consent of _____
(Name)
is not required due to the following:

- ☐ That person is a parent who has failed without justifiable cause to communicate with the minor for a period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home of the petitioner.
- ☐ That person is a parent who has failed without justifiable cause to provide for the maintenance and support of the minor as required by law or judicial decree for a period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home of the petitioner.
- ☐ State other grounds under R.C. 3107.07 (includes putative father of the minor born prior to January 1, 1997).

Probate Judge
By: _____
Deputy Clerk

CASE NO. _____

The State of Ohio, _____ County Probate Court

I hereby certify that I caused a copy of the within notice to be mailed, by certified mail, to the last known address of

At _____

At _____

Probate Judge _____

By: _____
Deputy Clerk

RETURN

_____ County, Ohio

Received this writ on the _____ day of _____, at _____
o'clock _____ M., and on the _____ day of _____, I served the same by
delivering a true copy thereof personally to _____

FEES

Service and return, 1st name, \$ _____

_____ Additional names, at \$ _____

_____ Miles traveled, at \$ _____

Total \$ _____

Sheriff

Deputy Sheriff

Name

Title